



Applicant's Name \_\_\_\_\_

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

APPLICANT'S SIGNATURE: \_\_\_\_\_

(Sign your name)

DATE \_\_\_\_\_

\_\_\_\_\_  
(Print your name)

## SECTION 2----EXPERIENCE

Begin with your present or most recent counseling position and list fully and accurately the details of each job you have held relating to the professional experience you wish to document. You must have completed a minimum of 4,000 hours of experience in the practice of counseling, all of which must have been obtained since obtaining the master's degree and must be under approved supervision and shall include, but not be limited to, a minimum of 1,600 hours of direct counseling with individuals, couples, families, or groups and a minimum of 100 hours of individual, face-to-face clinical supervision with an approved supervisor.

Total hours of professional experience includes all hours, both direct and indirect.

Employed: <i>From:</i> Mo. ____ Yr. ____ <i>To:</i> Mo. ____ Yr. ____ Title of Position _____ Name of Employer/Agency _____ Name of Clinical Supervisor _____ Total Hours of Professional Experience _____ Total Hours of Direct Counseling _____	Describe your duties: _____ _____ _____ _____ _____ Total Hours of Individual, Face-to-Face Clinical Supervision: _____
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Employed: <i>From:</i> Mo. ____ Yr. ____ <i>To:</i> Mo. ____ Yr. ____ Title of Position _____ Name of Employer/Agency _____ Name of Clinical Supervisor _____ Total Hours of Professional Experience _____ Total Hours of Direct Counseling _____	Describe your duties: _____ _____ _____ _____ _____ Total Hours of Individual, Face-to-Face Clinical supervision: _____
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Applicant's Name \_\_\_\_\_

## SECTION 3----VERIFICATION OF PROFESSIONAL COUNSELING EXPERIENCE UNDER SUPERVISION

(Each clinical supervisor must complete a separate Section 3)

Name of LPCA Supervision provided to: \_\_\_\_\_

LPCA License Number: \_\_\_\_\_

Date Supervision began: \_\_\_\_\_ Date Supervision Ended: \_\_\_\_\_

Date board approved supervision training completed: \_\_\_\_\_

☐ Copy of Board Approved Supervision Training Attached

Supervisor

1. \_\_\_\_\_  
           First                                      Middle                                      Last Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                                      Zip Code

\_\_\_\_\_  
 Email Address

2. Professional credential of supervisor: Check the one that applies.

\_\_\_\_\_ licensed professional counselor                      \_\_\_\_\_ licensed psychologist  
 \_\_\_\_\_ licensed psychiatrist                                      \_\_\_\_\_ licensed clinical social worker  
 \_\_\_\_\_ licensed marriage and family therapist  
 \_\_\_\_\_ nurse with a M.A. degree and psychiatric certification

\_\_\_\_\_  
 License Number

3. Graduate Degree(s) held. (Check all that apply)

	Major Emphasis	Institution	Year Awarded
_____ Masters degree in	_____	_____	_____
_____ Specialist degree in	_____	_____	_____
_____ Doctorate	_____	_____	_____

4. The applicant named above has completed \_\_\_\_\_ hours of professional counseling (direct and indirect) experience while under my supervision. (This is total working time and includes all professional activities.)

The applicant named above has completed \_\_\_\_\_ hours of direct counseling experience with individuals, groups, families, etc. While under my supervision.

The applicant named above has completed \_\_\_\_\_ hours of individual, face-to-face, weekly clinical supervision while under my general supervision.

Do you know of any reason why this person should not be issued a certificate as a professional counselor?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

APPLICANT'S NAME: \_\_\_\_\_

Please comment on applicant's therapeutic competence and ethical behavior: \_\_\_\_\_

I, the clinical supervisor named in the above, do hereby certify under penalty of law that the information contained is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name\_\_\_\_\_  
Date

## SECTION 4 - CURRICULUM STANDARDS FOR KENTUCKY LICENSED CLINICAL COUNSELOR

PLEASE ENTER GRADUATE LEVEL COURSES ONLY.  
EACH GRADUATE LEVEL COURSE MAY ONLY BE USED ONE TIME.  
(THIS SECTION NOT REQUIRED IF GOING FROM KY-LPCA TO KY-LPCC)

1. The helping relationship including counseling theory and practice. (Studies that provide an understanding of the counseling and consultation processes. Example Courses: theories; and techniques.)

Educational institution	Prefix & Number	Course Title (Spell out)	Semester & Year	Credit Hours

2. Human growth and development (Studies that provide an understanding of the nature and needs of individuals through the lifespan. Example Courses: human development.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

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3. Lifestyle and career development (Studies that provide an understanding of career development and related life factors. Example courses: lifestyle and career counseling; vocational counseling; occupational and educational information.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

4. Group dynamics, process, counseling and consulting. (Studies that provide an understanding of group development, dynamics, group counseling theories, group counseling methods and skills.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

5. Assessment, appraisal, and testing of individuals. (Studies that provide an understanding of individual and group approaches to assessment and evaluation. Example courses: measurement; individual appraisal; intelligence testing.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

[illegible][illegible]

[illegible][illegible]

**Practicum/Internship** All applicants shall complete an organized practicum or internship in counseling consisting of at least six hundred (600) clock hours.

[illegible]